

## **MDR Tracking Number: M4-03-5839-01**

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above.

This dispute was received on 04/21/03.

### **I. DISPUTE**

Whether there should be additional reimbursement for hospital admission for dates of service 06/12/02 through 06/20/02. Carrier denied charges as, "F-Fee guideline MAR reduction. Two nights stay approved. Provider has not submitted medical records to justify six night stay."

### **II. RATIONALE**

The carrier improperly reimbursed the charges for the implantables, applied per diem per the submitted EOBs and reimbursed the requestor a total of \$34,817.50. Per Rule 134.401 (c)(4)(A)(i) this action is allowed only when stop loss is not in effect with a total audited bill below \$40,000.00.

The carrier did not audit the charges per Rule 133.1, 133.301 and 134.401. Per Rule 134.401 (c)(6)(v), "Audited charges are those charges which remain after a bill review by the insurance carrier has been performed."

According to Rule 134.401 (b)(2)(A) all hospitals are required to bill usual and customary. The requestor billed usual and customary. The carrier's audit (EOBs) and response failed to prove the requestor's charges were not their usual and customary. While the SOAH decision adjudicated the merits of the individual cases addressed in those specific disputes, they do not change the provisions of the Commission rules. Commission staff must follow the provisions of Rule 134.401 to determine the appropriate reimbursement. Without the appropriate audits per §133.301 and 134.401, the total of these disputed/audited charges exceed \$40,000.00.

However, only 2 a two-day stay was approved by the carrier, the additional 6-day stay was not. The requestor does not rebut this reason for reduction. Therefore, the charges for the last 6 days will be deducted from the total amount billed and then the stop-loss methodology will be applied.

According to Rule 134.401(c)(6), the services in dispute are to be reimbursed per the Stop-Loss Method. Stop-loss is an independent methodology established to ensure fair and reasonable compensation to the hospital for unusually costly services rendered during treatment to an injured worker. Rule 134.401(c)(6)(A)(i) states that to be eligible for stop-loss payment the total audited charges for a hospital admission must exceed \$40,000. The reimbursement for the entire audited admission shall be paid using a Stop-Loss Reimbursement Factor (SLRF) of 75%. The

Stop-Loss Reimbursement Factor is multiplied by the total audited charges to determine the Workers Compensation Reimbursement Amount (WCRA) for the admission.

Rule 134.401(c)(6)(B) states the formula for calculating the appropriate reimbursement is:

Audited Charges x SLRF = WCRA.”

\$188,221.61	Total billed charges
<u>\$15,599.69</u>	Proper audit reductions additional 6-day stay not approved by carrier
\$172,621.92	Total audited charges
x 75%	SLRA
129,466.44	Total recommended reimbursement
<u>-34,817.50</u>	Payments made
\$94,648.94	Additional reimbursement recommended (WCRA)

### III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to additional reimbursement for hospital admission of 06/12/02 and 06/13/02. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$94,648.94** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 22nd day of November, 2004.

Michael Bucklin  
Medical Dispute Resolution Officer  
Medical Review Division

Allen McDonald, Director  
Medical Review Division

AM/mkb